

Case Number:	CM13-0065873		
Date Assigned:	01/03/2014	Date of Injury:	01/10/1989
Decision Date:	05/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 59 year-old female with a 3/10/1989 industrial injury claim. She has been diagnosed with lumbar pain, s/p L4/5 fusion; L4/5 spondylolisthesis with left-sided foraminal stenosis; multilevel cervical disc desiccation/bulging; right shoulder pain s/p subacromial decompression and Mumford; right wrist pain s/p CTR; s/p left knee revision arthroscopic medial meniscectomy; s/p left knee revision arthroscopic chondroplasty 10/11/07; left knee pain following arthropasty 7/28/08; s/p left knee arthroscopic debridement, aspiration and culture and MUA on 9/18/08; s/p left knee TKA revision on 1/8/12; epigastric pain, right ankle sprain, nonindustrial; GI complaints; sleep difficulty; Bruxism and dental problems; and depression and anxiety. According to the 11/1/13 orthopedic report from [REDACTED], the patient presents with neck, right shoulder and back complaints. She is seeing [REDACTED] for pain management. [REDACTED] recommended to continue pain management with [REDACTED], and prescribes Naproxen, Nexium, Soma, and requests transportation to and from doctor visits. On 12/9/13 UR approved the Naproxen and denied the Nexium, Soma, and transportation to the doctors visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NEXIUM 40MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk, Page(s): 68-69.

Decision rationale: According to the 11/1/13 orthopedic report from [REDACTED], the patient presents with neck, right shoulder and back complaints. She has been diagnosed with lumbar pain, s/p L4/5 fusion; L4/5 spondylolisthesis with left-sided foraminal stenosis; multilevel cervical disc desiccation/bulging; right shoulder pain s/p subacromial decompression and Mumford; right wrist pain s/p CTR; s/p left knee revision arthroscopic medial meniscectomy; s/p left knee revision arthroscopic chondroplasty 10/11/07; left knee pain following arthroplasty 7/28/08; s/p left knee arthroscopic debridement, aspiration and culture and MUA on 9/18/08; s/p left knee TKA revision on 1/8/12; epigastric pain, right ankle sprain, non-industrial; GI complaints; sleep difficulty; Bruxism and dental problems; and depression and anxiety. [REDACTED] states Nexium was for stomach upset that occurs when she takes medications. She takes Naproxen, an NSAID. The California MTUS states: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The request for Nexium, a PPI to treat dyspepsia secondary to NSAID therapy is in accordance with MTUS guidelines

SOMA 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: According to the 11/1/13 orthopedic report from [REDACTED], the patient presents with neck, right shoulder and back complaints. She has been diagnosed with lumbar pain, s/p L4/5 fusion; L4/5 spondylolisthesis with left-sided foraminal stenosis; multilevel cervical disc desiccation/bulging; right shoulder pain s/p subacromial decompression and Mumford; right wrist pain s/p CTR; s/p left knee revision arthroscopic medial meniscectomy; s/p left knee revision arthroscopic chondroplasty 10/11/07; left knee pain following arthroplasty 7/28/08; s/p left knee arthroscopic debridement, aspiration and culture and MUA on 9/18/08; s/p left knee TKA revision on 1/8/12; epigastric pain, right ankle sprain, non-industrial; GI complaints; sleep difficulty; Bruxism and dental problems; and depression and anxiety. [REDACTED] recommended Soma 350mg b.i.d. #60, which is a 30-day supply. The California MTUS specifically states Soma is not recommended longer than 3-weeks. The request for 30-days/4-weeks use of Soma exceeds the MTUS recommended duration.

TRANSPORTATION TO/FROM DOCTOR VISITS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Transportation.

Decision rationale: The patient has been diagnosed with lumbar pain, s/p L4/5 fusion; L4/5 spondylolisthesis with left-sided foraminal stenosis; multilevel cervical disc desiccation/bulging; right shoulder pain s/p subacromial decompression and Mumford; right wrist pain s/p CTR; s/p left knee revision arthroscopic medial meniscectomy; s/p left knee revision arthroscopic chondroplasty 10/11/07; left knee pain following arthropasty 7/28/08; s/p left knee arthroscopic debridement, aspiration and culture and MUA on 9/18/08; s/p left knee TKA revision on 1/8/12; epigastric pain, right ankle sprain, non-industrial; GI complaints; sleep difficulty; Bruxism and dental problems; and depression and anxiety. The patient has had multiple surgeries to the left knee and revisions to a TKA, as well as a non-industrial right-ankle sprain. The physician states the patient still requires transportation to and from doctor's visits. ODG guidelines for Transportation (to & from appointments) states: Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The request appears to be in accordance with the ODG guidelines.